

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 26, 2018

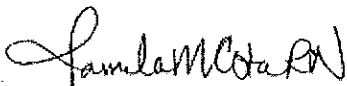
Ms. Angela Pelletier, Manager
Spring Village At Essex
6 Freeman Woods
Essex, VT 05451

Dear Ms. Pelletier:

Enclosed is a copy of your acceptable plans of correction for the survey that began on **November 1, 2017** and concluded on **January 10, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0653	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/10/2018
NAME OF PROVIDER OR SUPPLIER SPRING VILLAGE AT ESSEX			STREET ADDRESS, CITY, STATE, ZIP CODE 6 FREEMAN WOODS ESSEX, VT 05451		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{R100}	Initial Comments: An unannounced onsite follow-up survey to the visit of 11/1/2017 was conducted by the Division of Licensing & Protection on 1/8-10/2018. The following uncorrected deficiency from the original survey and one new concern were identified during the follow-up visit: {R128} V. RESIDENT CARE AND HOME SERVICES SS=D 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to ensure each resident received medication consistent with the physician's orders for 1 of 7 residents in the sample (Resident #7). Findings include: Per record review, Resident #7 has a physician order for Novolog insulin, 100 unit/ml, given on sliding scale subcutaneously three times a day following blood glucose testing. The number of units of insulin administered was blank on the Medication Administration Record (MAR) for the morning dose on 12/5/2017 and for the evening dose on 12/3/2017, 12/14/2017, 12/23/2017, and 12/30/2017. There was no evidence of a documented blood glucose measurement on the Blood Sugar Monitoring Log for Resident #7 for the morning of 12/5/2017 and the evening of 12/14/2017. The lack of documented evidence of the insulin and blood glucose measurement being	{R100}			

Division of Licensing and Protection
LABORATORY DIRECTORS OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8NY912

If continuation sheet 1 of 3

R128 - R171 POC's accepted 3/21/18 Pmechurw

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 01/10/2018
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{R128}	Continued From page 1 administered as ordered or refused was confirmed by the Director of Nursing at 3:00 PM on 1/10/2018. Refer also to R171.	{R128}			
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to ensure documentation of	R171			

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R171	Continued From page 2 medication administration contained all elements as required by the Vermont Residential Care Home Regulations for 1 of 7 residents in the sample (Resident #7). Findings include: Per record review, Resident #7 has a physician order for Novolog insulin, 100unit/ml, given on sliding scale subcutaneously three times a day following blood glucose testing. The number of units of insulin administered was blank on the Medication Administration Record (MAR) for the morning dose on 12/5/2017 and for the evening dose on 12/3/2017, 12/14/2017, 12/23/2017, and 12/30/2017. There was no evidence of a documented blood glucose measurement on the Blood Sugar Monitoring Log for Resident #7 for the morning of 12/5/2017 and the evening of 12/14/2017. The lack of documented evidence of the insulin and blood glucose measurement being administered or refused was confirmed with the Director of Nursing at 3:00 PM on 1/10/2018. Per review of the MAR, Resident #7 has an order for Tylenol 650 mg by mouth every four hours as needed for pain or fever. S/he received three doses of the medication for knee pain on 9/11/2017, 9/13/2017 and 12/26/2017. The documented dose on 12/26/2017 did not include the initials of the staff member who administered the medication. The documented doses on 9/11/2017, 9/13/2017 and 12/26/2017 did not include a description of the effectiveness of the administered medication. The lack of documentation addressing medication effectiveness in the medical record was confirmed with the Director of Nursing at 3:00 PM on 1/10/2017.	R171			

1/28/18

Ms. Pamela M. Cota, RN
Licensing Chief
Vermont Agency of Human Services
Department of Disabilities, Agency and Independent Living
Division of Licensing and Protection
HC2 South, 280 State Drive
Waterbury, VT 05671-2060

RE: Plan of Correction

Dear Ms. Cota,

In response to your letter dated January, 24, 2018 and the follow-up survey completed by the Division of Licensing and Protection on January 10, 2018, I respectfully submit our Plan of Correction. Submitting this Plan of Correction does not constitute any admission to the accuracy of the findings or the conclusions drawn from the alleged deficiencies. Any changes to the Community's for the management of residents' medication should be considered subsequent remedial measures as employed in the state rules of evidence.

R128 SS=D and R171 SS=D

To correct the alleged deficiency, the record for resident #7 was revised, with the exception of date 12/14/17. The medication technician could not refresh his/her memory sufficiently to recall the blood sugar number for 12/14/17.

The measures put in place to ensure the alleged deficiency does not recur included repeating the education of all nurses and medication technicians on the effectiveness of PRN medications. Training will also include the proper documentation of initialing when medications are administered to residents.

The corrective actions will be monitored by the Director of Nursing or her designee shall conduct a weekly audit of the Medication Administration Record to identify any omissions in the record. In addition, the community will be getting bids for an electronic MAR system to ensure there are no further omissions. Installation of the electronic system shall occur as soon as reasonable once the bids are reviewed and a vendor selected. The corrective actions will be completed by March 1, 2018.

If you have any questions, please feel free to contact me at your convenience. Thank you for the opportunity to present this plan of correction to you

Respectfully Submitted,



Angela Pelletier
Acting Executive Director/Director of Operations